



Comments on Draft Illinois Medicaid 1115 Waiver Application

The Illinois HomeCare & Hospice Council (IHHC) welcomes this opportunity to comment on the draft Illinois Medicaid 1115 Waiver Application. IHHC members have noted some significant improvements between the Concept Paper and the Waiver Application Draft, but some concerns remain.

Pathway 1 Transform the Health Care Delivery System

IHHC members support many of the transformations described in this section of the application, and have identified many opportunities for home care providers to contribute to the success of these initiatives. IHHC members continue to be concerned about the apparent lack of knowledge the developers of the application have of home health and hospice services and the capabilities of the home care industry to manage the care of individuals with chronic disease in the least expensive and least restrictive environment—the home. Evidence shows that it is individuals with chronic illness who consume the vast majority of the health care dollars, and, as their conditions worsen, use the highest cost services over and over again. With good community management, these individuals' needs can be met in a less expensive environment.

The battle of chronic disease management is won or lost in the home setting, where individuals make the daily choices that determine their wellbeing. Medication regimen compliance, adequate nutrition, weight management, and early intervention when an exacerbation begins to develop are all critical components in successful chronic disease management. It is clear from

the application that while the authors understand the role physicians, unskilled caregivers, social services and environmental factors like stable housing play in the management of these individuals, they continue to neglect the glue that can most effectively hold this system together—the delivery of nursing and therapy services and support in the home environment. In IHHC's view, the system transformation envisioned in the application will not succeed without a recognition of the importance of this service delivery component.

IHHC members also have questions and concerns about the proposed Nursing Facility Closure and Conversion Fund proposal. IHHC members support the provision of services in the least restrictive environment and encourage the conversion of some nursing facilities into more community oriented and integrated living arrangements. However, we find the proposal as written insufficiently specific about what the products of the conversion will be. More details are needed in this section to identify more clearly how this process will benefit the health care delivery system.

Pathway 2 Build Capacity for Population Health Management

IHHC members applaud the emphasis on integration of the public health and health service delivery sectors that is included in the application. The developers of the application have clearly expanded their knowledge and understanding of the public health system in Illinois since the concept paper was released.

IHHC hopes that the expansion of understanding represented by these improvements will extend to other already existing sectors of the health and social service delivery systems as the application is completed and the implementation phase of the process begins. An unfortunate characteristic of the Medicaid Reform efforts up to now has been a tendency to overlook

existing providers and sectors in an effort to establish the relationships with managed care companies that the State clearly believes will help to control costs going forward. As a result, there has been a tendency to reinvent the wheel rather than to rely on and enhance existing service delivery systems. This has been the case with the home health industry as well as with the existing Care Coordination Units funded by the Illinois Department on Aging, to name just a few. It makes much more sense to capitalize on existing structures than to create an entirely new one that duplicates what is already present.

Pathway 3 21st Century Workforce

IHHC members also support many of the initiatives described in this section of the application, in particular the training standards for unskilled caregivers and the efforts to give these entry level positions a pathway to greater expertise and responsibility. Illinois has long needed to provide more opportunities for individuals who become involved in caregiving to gain additional expertise and advance into positions offering better compensation and greater responsibility that build on previous experience in addition to formal training and credentials. IHHC is eager to participate in the development of these pathways.

Less well developed in the application is support for diversification of the professions involved in the delivery of primary care. While IHHC supports efforts to retain more physicians in needy areas of the State, our members also support the development of networks of physicians and non-physician practitioners that offers an opportunity to make the best use of the various levels of expertise each of these professionals bring to bear. Efforts will need to be made during the implementation phase to further develop a vision of primary care delivery that is rational and efficient.

Pathway 4 LTSS Infrastructure, Choice and Coordination

A number of the comments made above pertain to this section as well—the lack of understanding of the role home care plays in a successful system of chronic care management, and the importance of building on the infrastructure that already exists in Illinois. The implementation phase for these concepts will require a significant review of existing Illinois rules and regulations that limit the capabilities of the components of the existing infrastructure. New technology, including home telehealth, is relatively inexpensive and can contribute significantly to the success of these changes. Neither the health care nor the social service systems can support individuals with chronic illness in the community alone, and home health services are the link between the two that, when deployed thoughtfully, contribute significantly to success. IHHC members also have concerns about the suggestion that a single Universal Assessment Tool will adequately capture the pertinent needs of all of the types of individuals served through the existing waiver programs. These populations run the gamut from very high tech health care needs (e.g. ventilator dependent children and adults) to individuals who require non-skilled assistance to remain at home.

IHHC suggests that a more meaningful and useful approach may be to develop a more limited universal triage tool that directs the system toward two or more assessment tools that will provide the level of detail providers truly need to insure that the needs of eligible individuals are identified and met. IHHC is ready willing and able to assist with the development of such an approach.

Appendix X 1115 Waiver HCBS Service Definitions Draft

IHHC members are puzzled by a number of the definitions included in this section of the application. First, the definitions identify the services of certified nursing assistants as nursing.

While CNAs do support the delivery of nursing care, identifying these services as nursing is inaccurate. Second, the definitions in the draft do not reflect many of the statutory and regulatory definitions currently in place in Illinois. How do the developers of the application intend to address these discrepancies going forward? Third, there appears to be considerable overlap among the definitions included.

IHHC recommends that additional attention be paid to accurately reflecting the current regulatory reality in Illinois while at the same time articulating the vision of the future the application represents. IHHC assumes that these definitions (among others) will be tied to what happens as Pathways 1 and 3 are pursued going forward. Additional clarification regarding these definitions and their purpose would be helpful.